| DEPARTMENT OF HE<br>FOOD AND D   | Use this check box to generate the required 483 statement on page 1 for medical device observations. |  |  |  |  |  |
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| DISTRICT OFFICE ADDRESS AND PHONE NUMBER   | DISTRICT OFFICE ADDRESS AND PHONE NUMBER   |  |  |  |  |  |
| FDA Denver District Office   |  | 06/14,15,16,19,20,21/2011                          |  |  |  |  |
| 6th Ave. & Kipling StBldg, 20 DFC<br>Denver, CO 80225  |  | FEI NUMBER   |  |  |  |  |
|  |  | 3005231248   |  |  |  |  |
| Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED  |  |  |  |  |  |  |
|  | 0  |  |  |  |  |  |
| To: Brian J. McCudden, Vice President, API Strategy & Boulde   | STREET ADDRESS   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Hospira Boulder, Inc. CITY, STATE AND ZIP CODE   |  | 4876 Sterling Dr.  TYPE OF ESTABLISHMENT INSPECTED |  |  |  |  |
| Boulder, Colorado 80301  | 1  | Active Pharmaceutical Ingredient Manufacturer      |  |  |  |  |
|  |  |  |  |  |  |  |
| THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE.  |  |  |  |  |  |  |
| DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:   |  |  |  |  |  |  |
| 1. The firm has released product without the documents   | ation of a robust proc   | ess that yields a high degree of                   |  |  |  |  |
| assurance in the performance of the manufacturing pro  | cess.  |  |  |  |  |  |
| Specifically, a) Carboplatin Batches #A-3800-09-0011R, A-3800-09-0012R, A-3800-09-0013R, A-3800-09-0014R, A-3800-10-0001, A-3800-10-0005, A-3800-10-0006, A-3800-11-0001, A-3800-11-0002, A-3800-11-0003, A-3800-11-0004, A-3800-11-0005, A-3800-11-0006, A-3800-11-0007, A-3800-10-0004R1, A-3800-10-0005R1, A-3800-10-0006R1, A-3800-10-0007R1, A-3800-10-0008R1, and A-3800-10-0009R1 were released without a validated process. b) Carboplatin Batches #A-3800-11-0001, A-3800-11-0002, A-3800-11-0003, A-3800-11-0004, A-3800-11-0005, A-3800-11-0006, A-3800-11-0007, A-3800-10-0005R1, A-3800-10-0006R1, and A-3800-11-0009R1 were released without a validated process and were not put on a stability testing schedule. c) The first batch, Carboplatin Batch #A-3800-11-0008, that was released under a concurrent validation process, b) (4) documented nineteen redline changes to the batch record (excluding changes that required additional sampling instructions, the addition of operator personal protective equipment, or operator error   |  |  |  |  |  |  |
| notations). These changes deviated from the approved validation protocol.  |  |  |  |  |  |  |
| 2. Equipment and utensils are not cleaned at appropriate intervals to prevent contamination that would alter the safety, identity, strength, quality or purity of the drug product.  |  |  |  |  |  |  |
| Specifically, During a walk-through of your facility on 06/14/11, a build up of white powder residue was observed on the metal rim of where the isolator glove attaches to the (b) (4) in  |  |  |  |  |  |  |
| processing room (b) The glove box is used to dry (b) (4)  Your shift manager stated the gloves   |  |  |  |  |  |  |
| EMPLOYEE(S) SIGNATURE  | EMPLOYEE(S) NAME AND TITE  | E (Print or Type) DATE ISSUED                      |  |  |  |  |
| SEE Abuntant-Horton OF THIS PAGE  PA | Kimberley A. Hoefen<br>Zachery L. Miller<br>Erika V. Butler  | 06/21/2011   |  |  |  |  |
| FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE IN   | ISPECTIONAL OBSERV   | ATIONS Page 1 of 3                                 |  |  |  |  |

| # 6 g more on eq. 5  | EALTH AND HUMAN SERVICES<br>DRUG ADMINISTRATION  | the required 4  | k box to generate 83 statement on page device observations.                                 |  |
|--|--|---|---|--|
| DISTRICT OFFICE ADDRESS AND PHONE NUMBER   |  | DATE(S) OF INSPECTION   | Jevice Observations,  |  |
| FDA Denver District Office   |  | 06/14,15,16,19,20,21/2011   |   |  |
| 6th Ave. & Kipling StBldg. 20 DFC<br>Denver, CO 80225  |  | FEI NUMBER  |   |  |
| Industry Information: www.fda.gov/oc/industry  |  | 3005231248  |   |  |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED  |  |   |   |  |
| To: Brian J. McCudden, Vice President, API Strategy & Bould FIRM NAME  | ler Operations STREET ADDRESS  |   |   |  |
|  |  |   |   |  |
| Hospira Boulder, Inc. CITY, STATE AND ZIP CODE   | 4876 Sterling Dr.  TYPE OF ESTABLISHMENT INSPECTED   |   |   |  |
| Boulder, Colorado 80301  | Active Pharmaceutical Ingredient Manufacturer  |   |   |  |
| Procedure A-MFE-0058 Rev. 11, titled (b) (4) does not address cleaning the metal rims of the isolated 3. Written procedures are not established for the clean manufacture, processing, packing or holding of a drug Specifically, Validation of procedures for cleaning equipment that ingredients has not been completed. Active pharmace not limited to; Carboplatin, Paclitaxel, Tromethamine record AA050 Rev. 6, titled; Post-Campaign Cleaning is deficient because it does not specify: 1. Tools used the filter dryer (equipment (b) (4) for cleaning unlocations. | ning of equipment, including product.  are used interchangeably entical ingredients manuform and Pamidronic Acid. For which is used for products | e gloves are attached ling utensils, used between active plactured at your factured at your facture to product clear sembly of the bott | in the harmaceutical cility include, but leaning batch ning verification om filter plate of |  |
| 4. Lack of adequate written procedures for obtaining a   | ı homogeneous raw mate   | rial sampling.  |   |  |
| Specifically, The firm's sampling procedure, Sampling and Disposi Date 4/28/2011), lacks the details necessary to provide sample of raw materials (i.e. which part of the contain  | e an employee instruction er to sample).   |   |   |  |
| 5. The firm did not follow their Standard Operating Pr   | ocedures.  |   |   |  |
| Specifically, a) A-MFC-0003, Rev. 8, Equipment Cleaning and Use  | e Log, states:   |   |   |  |
| b) (4)   |  |   |   |  |
| b) (4)   | On 06/14/2011, it was no   | (b)   | (4)   |  |
| had Equipment Cleaning and Use Logbooks that dated   |  |   |   |  |
|  |  |   |   |  |
| EMPLOYEE(S) SIGNATURE  SEE   | EMPLOYEE(S) NAME AND TITLE (F  | ²rint or Type)  | DATE ISSUED   |  |
| REVERSE & BH OF THIS PAGE  | Kimberley A. Hoefen<br>Zachery L. Miller<br>Erika V. Butler  | ***************************************   | 06/21/2011  |  |

|   |                            |                     | EALTH AND HUMAN SERVICE<br>DRUG ADMINISTRATION   | the required                                       | ck box to generate 483 statement on page device observations. |  |
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| DISTRICT OFFIC  | CE ADDRESS AND PHONE NUMBE | R                   | 3. 3.  | DATE(S) OF INSPECTION                              |   |  |
| FDA Denver District Office<br>6th Ave. & Kipling StBldg. 20 DFC |                            |                     | 06/14,15,16,19,20,21/2011  |  |   |  |
| Denver, CO  |                            |                     |  | FEI NUMBER   |   |  |
|   | mation; www.fda.gov/oc/ind |                     |  | 3005231248   | 0   |  |
|   | McCudden, Vice President,  |                     | for Operations   |  |   |  |
| FIRM NAME   | McCudden, vice Fresident,  | All Strategy & Both | STREET ADDRESS   |  |   |  |
| Hospira Boul  | dan Ina                    |                     | and the second s |  |   |  |
| CITY, STATE ANI   |                            |                     | 1  | 4876 Sterling Dr.  TYPE OF ESTABLISHMENT INSPECTED |   |  |
| Boulder, Cole   |                            |                     |  | al Ingredient Manufacturer                         |   |  |
| b) U-QCA-<br>b) (4)<br>06/15/2011,<br>to be incom               | , that 5 (b) (4)           |                     | mple Tracking Procedu  |  | It was noted on ok were observed                              |  |
|   |                            |                     |  |  |   |  |
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|   | EMPLOYEE(S) SIGNATURE      |                     | EMPLOYEE(S) NAME AND TITLE   | (Print or Type)                                    | DATE ISSUED   |  |
| SEE<br>REVERSE  |                            | (A                  | Kimberley A, Hoefen  | a 5.5 (E)  |   |  |
| REVERSE<br>OF THIS<br>PAGE                                      | Sountaut - Hart            |                     | Zachery L. Miller  Erika V. Butler   |  | 06/21/2011  |  |